Form CLA 8(A) **Ad-Hoc Legal Aid Scheme (C.A.B.) Claim Form**

Court: _____ Name of Case:_____ Application Type:_____

1. Solicitor (Please insert date(s) for which fees are being claimed).

Instruction Fee: __/__/__

Refresher Fee: __/__/__ __/__/__ __/__/__ __/__/__ __/__/__

Taking Judgement __/__/__ Commissioners Fees __/__/__ *Consultation with Counsel __/__/__

Necessary disbursements of a reasonable amount that are made in a case __/__/__
* One consultation with Counsel per case only.

I certify that the information given is correct and that the defendent/respondent named above was assigned legal aid by order of the _____ Court on__/__/__ under the Ad-Hoc Legal Aid Scheme (C.A.B.). I declare that no payment has been made by or on behalf of the defendant/respondent towards the cost of the case and no agreement has or will be entered into by me with or on behalf of such defendant/respondent.

Signed: _____***Solicitor*** ***Date:*** _____

2. Junior Counsel (Please insert date(s) for which fees are being claimed).

Brief Fee: __/__/__

Refresher Fee: __/__/__ __/__/__ __/__/__ __/__/__ __/__/__

*Opinion of Counsel __/__/__ Draft Notice of Motion __/__/__

Draft Grounding Affidavit of __/__/__ Draft Replying Affidavit of __/__/__

Draft Affidavit of Discovery pursuant to section 9 of Proceeds of Crime Act, 1996 __/__/__
Standard _____ Complex _____ Complex and Exceptional_____

Advice on Proofs __/__/__ Draft legal submissions, if directed by Judge __/__/__

Draft Notice of Appeal __/__/__ Taking Judgement __/__/__ *Consultation with Counsel __/__/__
* One consultation and one opinion of Counsel per case only.

I certify that the information given is correct and I declare that no payment has been made by or on behalf of the defendant/respondent towards the cost of the case and no agreement has or will be entered into by me with or on behalf of such defendant/respondent.

Signed: _____***Junior Counsel*** ***Date:*** _____

3. Senior Counsel (Please insert date(s) for which fees are being claimed).

Brief Fee: __/__/__

Refresher Fee: __/__/__ __/__/__ __/__/__ __/__/__ __/__/__

*Opinion of Counsel __/__/__ Settle Draft Notice of Motion__/__/__

Settle Draft Grounding Affidavit of __/__/__ Settle Draft Replying Affidavit of __/__/__

Settle Draft Affidavit of Discovery pursuant to section 9 of Proceeds of Crime Act, 1996 __/__/__
Standard _____ Complex _____ Complex and Exceptional_____

Settle Advice on Proofs __/__/__ Settle Draft legal submissions, if directed by Judge __/__/__

Settle Draft Notice of Appeal __/__/__ Taking Judgement __/__/__ *Consultation with Counsel __/__/__
* One consultation and one opinion of Counsel per case only.

I certify that the information given is correct and I declare that no payment has been made by or on behalf of the defendant/respondent towards the cost of the case and no agreement has or will be entered into by me with or on behalf of such defendant/respondent.

Signed: _____***Senior Counsel*** ***Date:*** _____

Claim forms should be forwarded at the end of each term to:
Legal Aid Board, Criminal Assets Bureau Ad-hoc Legal Aid Scheme, Criminal Legal Aid Section, 48-49 North Brunswick Street, Georges Lane, Smithfield, Dublin 7. D07 PEOC.